



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE

Calendar Year \_\_\_\_\_

[www.state.tn.us/commerce/boards/funeral](http://www.state.tn.us/commerce/boards/funeral)

**ESTABLISHMENT'S  
PRENEED FUNERAL FUNDS REPORT  
ON IRREVOCABLE AND REVOCABLE CONTRACTS**

As mandated by Rule 0780-5-10-.07, this report is due no later than March 15<sup>th</sup> of each year and must be filed with Burial Services, 500 James Robertson Parkway, Second Floor, Nashville, TN 37243-1145, Phone (615) 741-5062. Forms with incomplete data will not be accepted but returned to the establishment for completion.

1. **Name of Establishment:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_  
(Number, Street, P.O. Box, etc.)

(City) (State) (Zip Code) (Phone Number)

3. **Name and Title of Person in Charge:** \_\_\_\_\_

4a. **Date of Incorporation:** \_\_\_\_\_

4b. **If not a corporation, how is the company organized?** ☐ Proprietorship ☐ Partnership  
☐ LLC ☐ Other (Explain) \_\_\_\_\_

5. **Sales Data:**

- (a) Number of insurance funded preneed contracts sold this year \_\_\_\_\_
- (b) Number of money funded preneed contracts sold this year \_\_\_\_\_
- (c) Total preneed contracts sold this year? (a + b) \_\_\_\_\_
- (d) Number of at need funeral services (calls) this calendar year \_\_\_\_\_

6. **Trust Data:**

- (a) **Beginning Balance** (a) \$ \_\_\_\_\_  
(should agree with prior year's ending balance)
- (b) Amount received on preneed contracts this year\* (b) \$ \_\_\_\_\_
- (c) Amount remitted to trustee(s) this year (c) \$ \_\_\_\_\_
- (d) Preneed amount distributed by trustee(s) (d) \$ \_\_\_\_\_  
(includes principal plus interest, taxes, fees and refunds)
- (e) Current earnings to include undistributed interest, dividends capital gains and losses (e) \$ \_\_\_\_\_
- (f) **Ending Balance** (sum of a + c - d + e = f) (f) \$ \_\_\_\_\_  
(must balance to trustee's report)

7. **Name and Address of Trustee:** If more than one trustee, list others on back of this form.

\*Include known deposits made directly by contract buyers to financial institutions in connection with establishment's preneed contracts.

State of Tennessee

County of \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Title) (Establishment)

\_\_\_\_\_ do hereby state that all information contained in this annual report and all related schedules, is true to the best of my knowledge and belief.

Name of Establishment

Signature and Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public \_\_\_\_\_ My Commission Expires: \_\_\_\_\_